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child, so daily vigilance in connection with community measures for child welfare is essential if our ideals are to be attained. With leadership and standards provided in the state departments of health, education, welfare and labor, with the will to coördinate and standardize activities for child welfare within the county or district,

nothing is impossible. Time, only, is necessary to assure the result.

That time will be hastened when more of the time and energy devoted to private philanthropy is directed toward increased efficiency in government and when adequate appropriations to the health, educational and welfare activities of government are made.

## Positive Health for American Childhood

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**N**OTHING great was ever achieved without vision, application and positive force. Is it not, therefore, wise for us at this point in our national life to pause, and to give serious consideration to the inquiry, "Wherein lies the greatest force or power for the development of our future national life?" Surely the answer admits of no controversy. Our greatest opportunities and responsibilities are with and for our potential citizens—our children.

What is of fundamental importance for American childhood? Despite the fact that some of the most marvelous minds in all ages have been forced to achieve fame under the strain of great physical handicaps, we nevertheless appreciate that health is of basic significance in the evolution of a vital national life.

What then is positive health? Positive health may be defined as meaning a body free from any handicaps, physical or mental, with a resistance which enables it to withstand environmental attacks to reduce its power, a vigor which radiates strength and happiness and, back of all this, a spiritual tone which is the keynote of an inspiring personality. Assuredly, it is the prerogative of childhood to have such health placed within its reach. Have

we given, are we giving our children opportunities for such all-round development of their physical, mental and spiritual life?

### HEALTH STATUS

The findings of the examining boards for the United States army during the late war are convincing proof that as a nation we have been woefully negligent of our most precious asset—our children. The conclusions drawn, relative to the 35 per cent of the young men examined who were found unfit for active service, were that the highest percentage of defects was traceable to neglect in childhood.

Again, facing our problem in an endeavor to know just what it is, we learn from an examination of the twenty million children enrolled in the elementary public schools of the country that the commonest defects among these children are as follows:

- 1% mental deficiency
- 5% tuberculosis—present or past
- 5% defective hearing
- 25% defective sight
- 15% to 25% diseased tonsils or adenoids
- 10% to 20% deformed feet, spine or joints
- 50% to 75% defective teeth
- 15% to 25% malnutrition

### THE POINT OF ATTACK

One of the most characteristic expressions of Americans is: "Let's do it now." Why then do we so complacently jog along, waiting for another cataclysm to engulf us before we wake up and actually face the situation? We have well-known methods which will improve conditions at least fifty per cent. It is high time we face with energy, and in a clear-cut fashion, our problem of bettering conditions for American children. When we do face the situation, and organize and train our army of potential citizens as thoroughly as we organized and trained our forces for war, we shall have a nation of which we justly may be proud. We shall have played fair with our children.

In approaching the problem, two considerations of a general nature ought to be kept in view. First, our goal must be positive. As has been aptly said, "The ultimate aim of the health service must be the development of positive, vital physical well-being, rather than the mere absence of disease." In the second place, success for our program demands that it should be the concern of the entire community, not of an isolated few.

### THE FIRST REQUIREMENT

Specifically, the first requirement of a program for the positive health of American childhood is a thorough-going, periodical physical and mental examination of every child. The basis of our work must be a knowledge of the facts relating to the physical condition of every child. This sounds simple enough, yet such examinations are not being given in all too many cases, and in still more, unfortunately, have been thus far of a rather superficial nature,

### NEXT STEPS

Keeping for a basis of action the known defects of every child, our next logical steps are:

1. To find the remedies.

2. To discover how best to secure them.

These two points may be summarized as follows:

1. Individual needs or personal hygiene.

2. Environmental needs or public sanitation.

Taking the report on the twenty million school children for whom data are available, what are the individual needs of America's children, and what is required to remedy the defects indicated?

### INDIVIDUAL NEEDS

1. *Defective Teeth: 50% to 75%.* Obviously the first essential requirement in this connection is a sufficient number of dentists and dental hygienists. The present supply is inadequate. Tooth brush drills are another suggestion which has been endorsed as a graphic method of appeal for better care of the teeth, and which has also been of value as an educational force. Boston with its Forsythe Clinic, and Rochester with the Eastman Clinic, have made wonderful strides. These clinics have extended their services to the public school and have transmitted valuable information relative to the care of the teeth; but the personnel released has not been sufficient to care for all of the children who need attention.

However, the care and correction of defective teeth does not solve the problem entirely. As Dr. H. L. K. Shaw has pointed out in the October, 1920, number of *Mother and Child*, we must have a keen perception of the expectant mother's influence upon the health of

the child: we must plan to secure for her a proper diet if the child is to have sound teeth. We must give the child a chance for good teeth before he is in the world as a separate entity.

2. *Malnutrition: 15% to 25%.* The importance of proper nutrition is perhaps as well comprehended as that of any other single item in our child health campaign. Dr. E. V. McCollum's<sup>1</sup> statement on this point can hardly be improved upon. He says:

The opportune time to attain the maximum benefits of proper nutrition is in prenatal life and early infancy, and more concern should be directed toward the education of mothers concerning the benefits to be derived by their children as the results of right living on their part. . . . We would call attention again to the types of diets which succeed in the nutrition of man and of animals. They are the strictly carnivorous type in which practically all parts of the animal are eaten; the type so common in parts of the Orient, that is, that in which the leafy vegetables, such as spinach, cabbage, lettuce, turnip tops, beet tops and other leaves, find a prominent place in the diet; and lastly the diet such as we use in America, containing liberal amounts of milk and other dairy products. The trouble is we do not consume enough of the protective foods, milk and the leafy vegetables. These are so constituted as to correct the faults in a cereal, legume seed, tuber and meat diet, such as is common in our country today. The sooner we carry this information to every child in the land, and send him home with this message to his mother, the sooner will we have started on the right road toward better health and better physical development.

3. *Deformed feet, spine and joints: 10% to 20%.* Although we have been told that "rickets characterized by faulty bone growth is a national health problem and is essentially a dietary

one," and while we know that many deformities can be corrected or at least improved if sufficient heed is given while the bones are still pliable, it is apparent that there are many children with deformities resulting from a lack of proper attention. Even when proper attention is given, it is difficult in many cases to interest ignorant or over-worked parents so that they will be willing to follow instructions and invest money in the long and tedious process of correcting such deformities. Nevertheless, it is our definite responsibility to render patient scientific assistance, particularly, because of the many "fakirs" who guarantee immediate relief, only to disappear in a little while, leaving the parents sadder and wiser—and the children unaided.

4. *Diseased tonsils and adenoids: 15% to 25%.* Diseased tonsils or adenoids may cause obstruction and prevent proper nasal breathing, may make it easy for the child to take colds, may affect his hearing, interfere with healthful sleeping and lower his resistance. Their removal is so simple that it is peculiarly negligent for us to allow them to remain, especially when their removal would prove such a source of benefit. Dr. Richard M. Smith of Boston pertinently says, "Correct defects, don't merely detect them."

5. *Defective sight: 25%.*

6. *Defective hearing: 5%.* Much scientific testing of the mentality of school children has demonstrated the fact that frequently a seeming lack of mental response in reality is due to defective sight and hearing rather than to a lack of mental capacity. It would seem that in our schools and classes for mental defectives are many children who are there because of sense defects rather than from a lack of intelligence. These defects in particular require and yield to proper attention and care at an early stage.

<sup>1</sup> Dr. McCollum, Professor of Chemical Hygiene in the School of Hygiene and Public Health in the Johns Hopkins University, is a noted authority on food values.—EDITOR'S NOTE.

7. *Tuberculosis: 5%.* It is evident that a much higher percentage of tuberculous children would be shown if more delicate tests were applied. Sir Arthur Newsholme reminds us as follows:

The highest death rate of any period of life is in the first five years of life; and in the first year after birth, one death out of every twenty-six from all causes is certified to be due to tuberculosis. The real proportion is probably higher, many deaths returned as due to pneumonia or bronchitis being cases of acute tuberculosis. Landouzy has stated that 27 per cent of the deaths in the first two years of life are caused by tuberculosis. Evidently in childhood there is but little resistance to the infection. If we are to reduce the amount of tuberculosis, the prevention of exposure to infection during the first four or five years of the child's life is of supreme importance.

The prevention of tuberculosis thus becomes to an important extent a matter of infant hygiene.

8. *Mental deficiency: 1%.* This is a very conservative estimate. Most studies show a somewhat higher rate of mental deficiency. We are only just touching this important phase of child life. I quote from Dr. C. Edgerton Carter, who writes regarding the mental health of the child, as follows:

So largely is preventive work among children a question of parental education, and so impossible of enforcement are personal health measures, that mental hygiene to be applied must have a practical and elemental basis which appeals to the comprehension of the parents, and for this reason by approaching the subject through the medium of the physical defects and disorders concerning which the parent has an intimate knowledge, one finds a welcome avenue to a fertile field.

Certain it is that we have wonderful opportunities for teaching the pre-school child good mental habits and self-control, habits which may insure

future happiness to himself and others.

9. *Heart disease among school children: 1.5% to 2%.* While this particular defect was not listed in the special report on twenty million school children, it cannot be passed by without a reference to its fundamental importance in a child-health program. Dr. Charles Hendee Smith of New York states:

During the last few years there has been a gradual awakening of consciousness to the fact that the cardiac problem has been too long put aside. . . . The large incidence of heart disease is unquestioned. Organic heart disease competes with tuberculosis and pneumonia for first place among the causes of death. It is true that death takes place in adult life, but the heart disease is commonly acquired during the school age. The number of cases of heart disease which are discovered in school surveys vary considerably, but every school survey detects a certain number of children with cardiac lesions. The estimates of the cases among school children in New York City give from 1.5 per cent to 2 per cent, that is, from eighteen thousand to twenty-five thousand. . . . If it would be possible to send the cardiac patient at the very out-set of his trouble to an institution built and constructed on the lines of our best tuberculosis sanatoria with special adaptations to the differences of the two diseases, who can foresee the tremendous difference in the outcome which would result for the large majority of our heart cases.

#### SOME ASPECTS OF PUBLIC SANITATION

Presupposing that the individual child in the home has received the necessary attention and care, the maintenance of health demands certain environmental safeguards under the control of public authority. The limitations of this paper forbid more than brief suggestions as to the nature of these safeguards.

1. *Control of contagion.* Repeatedly, some contagious disease runs its course among the children of the community,

leaving in its wake either death or after-effects, often vague but so serious as to handicap the child in later years. The seriousness of such outbreaks among school populations is coming more and more to be recognized, as well as the subsequent necessity of their control. Unfortunately there has been considerably less appreciation of their seriousness as affecting children of the pre-school age. A recent study of Massachusetts children insists that propaganda and methods of control should be directed more specifically at the age groups under three years. "It cannot be emphasized too strongly," continues the report, "that in these dangerous years when so many children die of measles and whooping-cough or other complications, the most careful medical attention and nursing are needed. . . . For a period of years (1913-1918) 90 per cent of the deaths from whooping-cough, and 79.5 per cent of those from measles have been under three years old. . . . Measuring our success by a reduction in deaths from these diseases, it is at once apparent that our results depend very largely on how successfully we prevent measles and whooping-cough in children under three. . . ."

This refers only to the deaths. No one knows how many children are handicapped for life as the result of after-effects of contagious diseases which have been allowed to run rampant. Much of the responsibility for these conditions rests as an environmental charge against our public control. Regardless of the fact that it seems impossible to control the situation by isolation or quarantine, we do know that the impossible can be accomplished often by education if we make it vivid and vigorous enough.

2. *Legislation.* A great deal of time, thought and money are spent annually to secure laws for the protection of our

animals, our industrial and farm products and our diverse property rights. No one questions such use of the law-making powers of society as paternalistic. Is it not high time (and why is it more paternalistic) that we give more anxious consideration to laws which affect the health and happiness of our children—laws which insure safe food supplies, especially milk and water; laws which control our sewage disposal, so that danger of contamination is eliminated; laws which make it imperative that house and school rooms be properly lighted and ventilated; laws which control our housing conditions?

3. *Housing.* The housing problem has a very definite place in a child health program. Sir Leslie Mackenzie in a paper on "The Child of the One Room House," summarizes this point in a very terse and effective manner. He writes:

Houses can be classified according to the families they accommodate: but they can also be classified according to the effects on the children. If the family is the growing point of society, the child is the growing point of the family. If you cannot understand social institutions unless you realize that they have their functions in the needs of the family, neither can you understand the functions of the family without realizing that they have their roots in the needs of the child.

4. *Good roads.* The inclusion of this factor in a discussion of public sanitation may at first glance appear to be questionable. It is obvious, of course, that it is of little importance as a factor in the health of city children. It must be remembered, however, that almost one-half of our population still lives under conditions listed by the census as rural, and that in large stretches of rural United States good roads are conspicuous by their absence. One has only to travel on wretched, and at times quite impassible roads, with a county

nurse to appreciate their very definite relation to the health of the child.

5. *Child labor.* Through the influence of the National Child Labor Committee, the Consumer's League and other interested organizations, we are improving the conditions and the laws relating to children who are gainfully employed. But in this, as in all of our legislative matters, not only must proper laws be made, but the means and will to enforcement are essential if results are to be obtained. Of the very greatest importance in this connection would be a universal understanding of the value of healthful surroundings for the child in industry.

#### A SPECIAL CHARGE

A comprehensive child health campaign involves, as a special responsibility, care for the health of dependent and other socially handicapped children. It is to the interest of society, no less than to the interest of these groups, that a health handicap should not be added to their other difficulties. Some of the most important measures in this connection which should be considered and put into practice are those relating to the child with the handicap of an unknown father. It has been said with truth that there may be illegitimate parents but there can be no illegitimate child.

#### HEALTH BOOKKEEPING

It cannot be emphasized too often that in order properly to face our task we must have our facts. We must keep our books accurately, and we must have and know our vital statistics. The United States in this respect is far behind other enlightened nations. In 1918, mortality statistics were available for only 77.8 per cent of the total population, while the birth registration area included but 53 per cent of the total estimated population. Vital statistics

are not only an index of an intelligent consideration of health matters, but the necessary basis as well.

#### HEALTH HABITS

Health for men and women demands health for children. Health for children means a building up of health habits. The building up of such habits is a task which cannot be accomplished solely by a professional group of workers. There opens here a wonderful opportunity for clubs and organizations of various kinds among adults, through the various measures used by health crusaders, health clowns, health leagues in the schools, boy and girl scout movements, etc. It is a work of education in which newspapers, magazines and moving pictures can play, each one, an important rôle.

#### PLACING THE RESPONSIBILITY

Where does the responsibility for periodical physical examinations, the correction of defects and the formation of health habits for every child, rest?

It rests, first of all, upon the parents—father and mother, or guardian. It is a responsibility which, except in the care of dependent children, cannot be shifted from their shoulders. The home must be inviolable, but the preservation of society demands that it must also be possible for sympathetic well-trained individuals to enter a home to assist in its improvement or rehabilitation. Any child-health campaign which does not recognize the fundamental importance of the influence of the parents in the home is doomed in large measure to failure.

However, it is frequently physically or financially impossible for the parents to extend adequate services for this purpose to their children: therefore, in order that such children shall not be handicapped, the burden of rendering adequate assistance must be assumed

by public authorities. This is particularly applicable in the country districts, for many times children living in remote corners can be reached in no other way. The rights of the children in the most isolated districts are as inalienable as are the rights of the children in the more populated centers. We have learned to look to our state departments for advice and assistance in various matters, and as each state has its own peculiar problems, it is of value, if not of the utmost importance, for each state to have a state child-health bureau or department. Furthermore, when such a bureau or department has been authorized, why handicap its functions and inhibit its activities by appropriating insufficient funds for its development?

#### STANDARDS

All social work, using the term in its broadest sense, requires the determination of, and the knowledge of, standards. Such standards are necessary to measure the dimensions of our task and to hold up as objectives toward which to progress. Thus, if we are to succeed in our positive health program for children, we must aim at something very definite and in this connection the standards submitted by the Children's Welfare Conference<sup>2</sup> held in 1919 under the auspices of the federal Children's Bureau, are invaluable. They were formulated with great care, and if we definitely meet them we shall know then how to take the next step.

<sup>2</sup> Cf. the article by Miss Lathrop in this volume, entitled, "Standards of Child Welfare."

#### TEST OF CIVILIZATION

It has been said that the most remarkable discovery of the present age, more remarkable than the telephone, automobile or aerial navigation, is the discovery of a social conscience. Perhaps it is this social conscience which has led us to appreciate that the test of our civilization lies in our attitude toward our children. As Secretary Hoover has so vividly put it, "Our responsibility for children is based not alone on human aspirations, but it is also based upon the necessity to secure physical, mental and moral health, and the economic and social progress of a nation. Every child that is delinquent in body, education or character is a charge upon the whole community as a whole and a menace to the community itself. The children are the army with which we must march to progress."

#### FINANCIAL ASPECTS

What of the cost of this program? Dare America say that she cannot afford to build for health? America is recognized as the nation of the greatest wealth in the world. If she cannot finance such a program of adequate care for childhood, what nation can? Billions of dollars annually appropriated by our national, state and local governmental bodies—and how are we building? Are we making the roads smooth and unobstructed for our potential citizens, or are we building rocky roads over which they must travel with weary steps and aching hearts?